

**State of Idaho
Department of Health and Welfare**

HW0592
11/2003
Section II

CHANGE REPORT

For Office Use:

CI# _____ Date Report Received _____ Person Taking Report _____

REPORT CHANGES IN YOUR SITUATION SO YOUR BENEFITS ARE CORRECT. USE THE GUIDE ON THE BACK OF THIS FORM TO LEARN THE CHANGES YOU MUST REPORT.

Complete the following information to report a change. Sign this form. Mail or bring it to your local Department of Health and Welfare Office. You can also report changes by telephone. Call the Department of Health and Welfare Office at _____

Your Name: _____ Your Case Number or Social Security Number: _____

Tell us what changed: _____

When did (or will) the change happen: _____

Will this change continue next month? ☐ Yes ☐ No If No, why not? _____

How can we contact you? Phone number _____ Other _____

Signature of person reporting this change _____ Date _____

For Office Use:

We need proof of the change you reported by: _____

(Month --Day--Year)

Please provide the following proof of the change:

1. _____

2. _____

3. _____

4. _____

Ask us for help if you have trouble getting the proof we requested.

PENALTIES FOR MISREPRESENTATION: Deliberate misrepresentation by failure to report changes in your situation or failure to report changes accurately may result in:

- Loss or reduction of benefits
- Administrative claims to recover overpayments.
- Legal actions

Change Report Form

The changes you must report depend on the type of benefits you receive. Use this guide to learn what changes you need to report. If you have questions about reporting, please contact us.	Health Coverage for Children	Health Coverage or Cash for Adults	Child Care	Food Stamps For Simplified Reporting Households	Food Stamps For Change Reporting Households	Temporary Cash Assistance for Families
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For Changes in **Income**, Report:

When your total income goes over the limit				X		
When income from work changes more than \$100		X	X		X	X
When income from other sources changes more than \$50		X	X		X	X
For an able bodied adult between age 18 and 50 who does not get Food Stamps with anyone under 18, report when the hours worked are less than 80 hours per month.				X	X	

For Changes in **RESOURCES**, Report:

Changes in vehicles, bank accounts, real estate, etc.		X			X	X
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For Changes in **EXPENSES**, Report:

Changes in Subsidized Housing						X
Changes in Child Care Costs		X	X			X
Changes in Child Care Provider			X			
Changes in Court-Ordered Child Support you must pay		X	X			X

For Changes in **PERSONAL INFORMATION**, Report:

Changes in Marital Status or Social Security Number		X	X			X
Change of Address	X	X	X	X	X	X
Changes in who lives in your home		X	X		X	X
Starting, stopping, or changes in hours for education or training programs			X			X
Changes in Health Insurance Coverage, including Medicare	X	X				
Changes in disability status		X				X
When your pregnancy ends		X				